G	OVERNMENT INSPEC	1. PREPAR	ING INSTALLATION		
2. NAME OF PROPER	RTY OWNER	3. DESTINATION ADDRESS (Street,	City, State a	nd ZIP Code)	
4. MODE OF SHIPME	NT				
5. PROPERTY SHIPPED				6. DATE OF DELIVER	RY TO OWNER
a. FROM (Include ZIP Code)		b. TO (Include ZIP Code)		(YYYYMMDD)	
				c. WEIGHT OF	d. NUMBER OF
				SHIPMENT	PIECES
A NAME AND ADDRESS	S OF GOVERNMENT BILL OF	LADING CARRIER (Include ZIP Code)		f. GBL NUMBER	
c. NAME AND ADDRESS	O O O VERNIVIEW DIEE OF	EADING CARRIER (Include 211 Code)		II. GDE NOMBER	
				g. AIRWAY BILL NUMBER	
				h. CARRIER'S BILL OF L	ADING NUMBER
i. NAME AND ADDRESS	S OF WAREHOUSE (If shipme	nt from nontemporary storage) (Include ZIP Code)		j. LOT NUMBER	
				k. SERVICE ORDER NUMBER	
I. NAME AND ADDRES (Include ZIP Code)	S OF DELIVERING CARRIER	(If not agent of Government Bill of Lading car	rier)	m. CONTRACT NUMBER	
7. DISCREPANCIES I	NOTED BY INSPECTOR (L	Ise supplemental sheets if necessary)			
CARRIER'S INVENTORY DESCRIBE LOCATION, NATURE AND EX. NUMBER (Carton ARTICLE AND APPARENT CAUSE OF			ND EXTENT OF	NT OF NEW DAMAGE WEIGHT (Lbs) OF ARTICLE OR CARTON	
No. if packed item) a.	b.	(State "MISSING" c.			IF PACKED ITEM d.

0	INIVENITODY NITIMBEL	RS OF CARTONS OR CONTAINERS WITH VISI	DIE EVTEDNIAL D	AMACE			
		each and apparent cause of damage)	IDEL EXTERNAL D	AWAGE			
	(Describe damage to	each and apparent cause of damage)					
9.	PACKING VIOLATION	NS NOTED (Describe in detail) (See MIL-STD-2	212c)				
		(======================================	/				
10	CERTIFICATE OF IN	SDECTOR					
10.							
	I personally made the	ne above inspection on the date shown and ce	rtify that the cond	itions as shown on this report of pages			
	accurately reflect th	ne loss and/or damage incurred during shipmer	nt and/or storage.				
a.		b. TYPED NAME OF INSPECTOR (Last, First,	c. GRADE	d. SIGNATURE			
	(YYYYMMDD)	Middle Initial)	0. 0				
	. ,	ĺ					
11.	CERTIFICATE OF PE	ROPERTY OWNER					
			ne chown accurat	aly and completely set forth the entire loss and/or			
	I have examined this		ilis shown accurat	ely and completely set forth the entire loss and/or			
		erty incurred during shipment and/or storage.					
a.	DATE (YYYYMMDD)	b. SIGNATURE					
12.	CERTIFICATE OF TE	RANSPORTATION OFFICER					
	I certify that the infe	ormation on this report of pages is a	accurate and comp	elete to the best of my knowledge.			
40	13. "NOTICE OF LOSS OR DAMAGE" DISPATCHED						
a.	DATE (YYYYMMDD)	b. ADDRESSEE					
C.	DATE (YYYYMMDD)	d. ADDRESSEE					
L	B		TION 05-15-	- COLUMNIA TURE			
e.		f. TYPED NAME OF INSTALLATION TRANSPORTA	HON OFFICER	g. SIGNATURE			
	(YYYYMMDD)	(Last, First, Middle Initial)					